

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Collins for Congress

ADDRESS (number and street)

PO Box 855

Check if different  
than previously  
reported. (ACC)

Jackson

GA

30233

2. FEC IDENTIFICATION NUMBER ▼

C

C00544684

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

GA

10

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Julie Collins

Signature of Treasurer Julie Collins

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

## of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**Collins for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	53230.00	174605.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	53230.00	174605.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	35253.10	91812.87
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	35253.10	91812.87
8. Cash on Hand at Close of Reporting Period (from Line 27).....	232793.63	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	150000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Collins for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

38400.00

150500.00

(ii) Unitemized.....

2830.00

12105.00

(iii) TOTAL of contributions from individuals ▶

41230.00

162605.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

12000.00

12000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

53230.00

174605.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

100000.00

150000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

100000.00

150000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

1.50

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

153230.00

324606.50

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 40

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	35253.10	91812.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	35253.10	91812.87

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	114816.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	153230.00
25. SUBTOTAL (add Line 23 and Line 24).....	268046.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	35253.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	232793.63

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

Mr. Mark J. Accetturo

A.

Mailing Address 3251 Doster Road

City

Rutledge

State

GA

Zip Code

30663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Layne Heavy Civil

Occupation

Construction

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

Transaction ID : SA11AI.4794

Amount of Each Receipt this Period

1300.00

Full Name (Last, First, Middle Initial)

Mr. Duane W. Acklie

B.

Mailing Address 2200 Woodsdale Blvd.

City

Lincoln

State

NE

Zip Code

68502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crete Carrier Corp.

Occupation

Chairman

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : SA11AI.4996

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

David Barber

C.

Mailing Address PO Box 1366

City

Jackson

State

GA

Zip Code

30233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresh Air BBQ

Occupation

Co-Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2013

Transaction ID : SA11AI.4936

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1900.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Collins for Congress**

Full Name (Last, First, Middle Initial)

**Mr. Lurner O. Benton III****A.**

Mailing Address PO Drawer 350

City

Monticello

State

GA

Zip Code

31064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Putnam-Greene Financial Corp.

Occupation

Banking

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2013

**Transaction ID : SA11AI.4897**

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Mrs. Nancy T. Benton****B.**

Mailing Address PO Drawer 350

City

Monticello

State

GA

Zip Code

31064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Putnam-Greene Financial Corp.

Occupation

Banking &amp; Real Estate

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2013

**Transaction ID : SA11AI.4899**

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Mr. J. Lewis Collum****C.**

Mailing Address 960 White River Road

City

Rockmart

State

GA

Zip Code

30153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Taylor Transport

Occupation

General Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		14		2013

**Transaction ID : SA11AI.4847**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

6200.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 40

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Collins for Congress**

<b>A. Mr. Roy Cox</b> Full Name (Last, First, Middle Initial) Mailing Address 8299 Denver Downs Drive City State Zip Code Oak Ridge NC 27310 FEC ID number of contributing federal political committee. C Name of Employer Occupation Best Service Group Vice President-Fleet Operations Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00		Date of Receipt M M / D D / Y Y Y Y 12 19 2013 <b>Transaction ID : SA11AI.5017</b> Amount of Each Receipt this Period 500.00
<b>B. Mr. P. Dennis Dellinger</b> Full Name (Last, First, Middle Initial) Mailing Address 1437 Jackie Lane City State Zip Code Hickory NC 28601 FEC ID number of contributing federal political committee. C Name of Employer Occupation Cargo Transporters President Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1000.00		Date of Receipt M M / D D / Y Y Y Y 12 13 2013 <b>Transaction ID : SA11AI.4941</b> Amount of Each Receipt this Period 1000.00
<b>C. Mr. Michael Eggelton Jr.</b> Full Name (Last, First, Middle Initial) Mailing Address 2400 Cold Springs City State Zip Code Fort Worth TX 76106 FEC ID number of contributing federal political committee. C Name of Employer Occupation Raider Express Transportation Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00		Date of Receipt M M / D D / Y Y Y Y 12 10 2013 <b>Transaction ID : SA11AI.4969</b> Amount of Each Receipt this Period 250.00
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1750.00
<b>TOTAL</b> This Period (last page this line number only).....		

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

A. Mr. David Freymiller

Mailing Address 8125 SW 15th Street

City

Oklahoma City

State

OK

Zip Code

73128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

D&amp;M Carriers LLC

Occupation

President/CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2013

Transaction ID : SA11AI.5023

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. J. Eric Gardner

Mailing Address 3431 O'Quinn Street

City

Patterson

State

GA

Zip Code

31557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fuel South

Occupation

General Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2013

Transaction ID : SA11AI.4744

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Joseph D. Hayden Sr.

Mailing Address PO Box 32068

City

Louisville

State

KY

Zip Code

40232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M&amp;M Cartage

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2013

Transaction ID : SA11AI.4967

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

Mr. G. Tommy Hodges

A.

Mailing Address 2417 Hwy 231 N

City

Shelbyville

State

TN

Zip Code

37160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Titan Transfer

Occupation

Chairman

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2013

Transaction ID : SA11AI.4767

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mr. Lin Hodges

B.

Mailing Address 5020 Gallatree Lane

City

Norcross

State

GA

Zip Code

30092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Associated Credit Union

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : SA11AI.4998

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Mrs. Teresa G. Jones

C.

Mailing Address 125 St. Martinique Place

City

Macon

State

GA

Zip Code

31210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2013

Transaction ID : SA11AI.4812

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Collins for Congress**

<b>A. Mr. Eugene W. Kelly</b> Full Name (Last, First, Middle Initial) Mailing Address 4701 Liberty Church Road City Monticello State GA Zip Code 31064 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer None Occupation Retired Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00			Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2013 <b>Transaction ID : SA11AI.4990</b> Amount of Each Receipt this Period 500.00
<b>B. Mrs. Rita Kelly</b> Full Name (Last, First, Middle Initial) Mailing Address 4701 Liberty Church Road City Monticello State GA Zip Code 31064 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer None Occupation Retired Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00			Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2013 <b>Transaction ID : SA11AI.4992</b> Amount of Each Receipt this Period 500.00
<b>C. Mrs. Kathleen Clark Kies</b> Full Name (Last, First, Middle Initial) Mailing Address 6109 Franklin Park Road City McLean State VA Zip Code 22101 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00			Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2013 <b>Transaction ID : SA11AI.4994</b> Amount of Each Receipt this Period 500.00
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			1500.00
<b>TOTAL</b> This Period (last page this line number only) .....			

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Collins for Congress**

Full Name (Last, First, Middle Initial)

**Mr. Kevin P. Knight**

Mailing Address 19154 N. 107th Street

City

Scottsdale

State

AZ

Zip Code

95255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Knight TransportationOccupation  
CEO

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2013

Transaction ID : SA11AI.5040

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Mr. Ray Kuntz**

Mailing Address PO Box 6784

City

Helena

State

MT

Zip Code

59604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Watkins and Shepard TruckingOccupation  
CEO

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2013

Transaction ID : SA11AI.4965

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Mr. Anthony T. Lewis**

Mailing Address 342 Madison St.

City

Monticello

State

GA

Zip Code

31064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lewis & Malone Heathing & ACOccupation  
Owner

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2013

Transaction ID : SA11AI.4844

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....

2250.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

Mr. David W. Manning

Mailing Address 1833 Hudson Road

City

Madison

State

TN

Zip Code

37115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TCW Inc.

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2013

Transaction ID : SA11AI.5015

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mr. Herbert R. Matthews

Mailing Address 3752 Dumbarton Road NW

City

Atlanta

State

GA

Zip Code

30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AVi Logistics

Occupation

Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2013

Transaction ID : SA11AI.4769

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mr. Michael J. Mercer

Mailing Address 1310 Bridgewater Walk

City

Snellville

State

GA

Zip Code

30078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GA Credit Union Affiliates

Occupation

President/CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : SA11AI.5001

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

Mr. Todd Moore

A.

Mailing Address 3779 Jonesboro Road

City

Hampton

State

GA

Zip Code

30228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

J&amp;P Hall Express

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

Transaction ID : SA11AI.4857

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mr. Ralph Morella

B.

Mailing Address 2035 Lenguin Mill Rd.

City

Locust Grove

State

GA

Zip Code

30248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Collins Trucking Co. Inc.

Occupation

Shop Foreman

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SA11AI.5032

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mr. G. Clifton Parker

C.

Mailing Address 126 Access Road

City

Gaston

State

SC

Zip Code

29053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

G&amp;P Trucking Co. Inc.

Occupation

Transportation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2013

Transaction ID : SA11AI.5026

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

1250.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 40

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Collins for Congress**

Full Name (Last, First, Middle Initial)

**Mr. Louis Perangle**

Mailing Address PO Box 726

City  
Worland

State  
WY

Zip Code  
82401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 31 2013

Transaction ID : SA11AI.5047

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Mr. John R. Pope**

Mailing Address 1377 Parkview Lane NE

City  
Atlanta

State  
GA

Zip Code  
30324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cargo Transporters

Occupation  
Chairman

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 13 2013

Transaction ID : SA11AI.4943

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Mr. James M. Reynolds IV**

Mailing Address 1180 Cedar Ridge Dr.

City  
Greensboro

State  
GA

Zip Code  
30642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Not Employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
12 30 2013

Transaction ID : SA11AI.5038

Amount of Each Receipt this Period

2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

Mrs. Kathy W Reynolds

Mailing Address 2561 Lake Oconee Pkwy.

City

Greensboro

State

GA

Zip Code

30642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2013

Transaction ID : SA11AI.4748

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Mr. Todd C. Rice

Mailing Address 5860 Riverview Road

City

Mableton

State

GA

Zip Code

30064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MHC Kenworth

Occupation

Vice President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2013

Transaction ID : SA11AI.5022

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Mr. Robert H. Rowe

Mailing Address PO Box 5567

City

Columbus

State

GA

Zip Code

31906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2013

Transaction ID : SA11AI.4750

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

A. Mr. Stephen Russell

Mailing Address 9503 E. 33rd Street

City

Indianapolis

State

IN

Zip Code

46235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Celadon Trucking

Occupation

Executive Chariman

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		14		2013

Transaction ID : SA11AI.4842

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert V. Ryan

Mailing Address PO Box 967

City

Jackson

State

GA

Zip Code

30233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Atlanta South 75 Inc.

Occupation

President and CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		14		2013

Transaction ID : SA11AI.4852

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert V. Ryan

Mailing Address PO Box 967

City

Jackson

State

GA

Zip Code

30233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Atlanta South 75 Inc.

Occupation

President and CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		13		2013

Transaction ID : SA11AI.4932

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Collins for Congress**

Full Name (Last, First, Middle Initial)

**Dr. Milton B. Satcher Jr.****A.**

Mailing Address 1042 Old Chapel Lane

City

Greensboro

State

GA

Zip Code

30642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		14		2013

**Transaction ID : SA11AI.4853**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Mr. Lee P. Shaffer****B.**

Mailing Address 3822 Nottaway Road

City

Durham

State

NC

Zip Code

27707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kenan Advantage Group Inc.

Occupation

Chairman

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		30		2013

**Transaction ID : SA11AI.5044**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Mr. Frank F. Sinkwich III****C.**

Mailing Address 425 W. Cloverhurst Ave.

City

Athens

State

GA

Zip Code

30606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northeast Sales Distributing

Occupation

Executive

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		08		2013

**Transaction ID : SA11AI.4814**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

1250.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

Mr. Keith Sistrunk

Mailing Address 361 17th Street NW

Ste. 1616

City

Atlanta

State

GA

Zip Code

30363

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Technical Services

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2013

Transaction ID : SA11AI.4915

Amount of Each Receipt this Period

2600.00

In-kind - Website Development

Full Name (Last, First, Middle Initial)

Mr. Keith Sistrunk

Mailing Address 361 17th Street NW

Ste. 1616

City

Atlanta

State

GA

Zip Code

30363

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Technical Services

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Runoff

Election Cycle-to-Date

2650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SA11AI.5028

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Ms. Beverly Stewart

Mailing Address 251-A Biles Road

City

Jackson

State

GA

Zip Code

30233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beverly's Nursery &amp; Daycare

Occupation

Child Care

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

Transaction ID : SA11AI.4854

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3150.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

Dr. Benny Tate

Mailing Address 219 Rock Springs Rd

City

Miliver

State

GA

Zip Code

30257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rock Springs Cong. Methodist

Occupation

Pastor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2013

Transaction ID : SA11AI.4752

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Dr. Benny Tate

Mailing Address 219 Rock Springs Rd

City

Miliver

State

GA

Zip Code

30257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rock Springs Cong. Methodist

Occupation

Pastor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2013

Transaction ID : SA11AI.4772

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Dr. Benny Tate

Mailing Address 219 Rock Springs Rd

City

Miliver

State

GA

Zip Code

30257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rock Springs Cong. Methodist

Occupation

Pastor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2013

Transaction ID : SA11AI.4846

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

Dr. Benny Tate

A.

Mailing Address 219 Rock Springs Rd

City

Milver

State

GA

Zip Code

30257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rock Springs Cong. Methodist

Occupation

Pastor

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		13		2013

Transaction ID : SA11AI.4935

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Mr. Williams A. Usher Jr.

B.

Mailing Address 3801 Shanks Lane

City

Louisville

State

KY

Zip Code

40216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Usher Transport, Inc.

Occupation

Executive

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		30		2013

Transaction ID : SA11AI.4797

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Mr. Leonard S. Vella

C.

Mailing Address 925 Anna Marie Lane

City

Monroe

State

GA

Zip Code

30655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		13		2013

Transaction ID : SA11AI.4933

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

2100.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

Mr. Leonard S. Vella

A.

Mailing Address 925 Anna Marie Lane

City

Monroe

State

GA

Zip Code

30655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2013

Transaction ID : SA11AI.5025

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mr. James L. Whitehead

B.

Mailing Address 4715 Silver Lake Dr.

City

Evans

State

GA

Zip Code

30809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Whitehead Tires

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : SA11AI.5007

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Mr. L. Robert Willis

C.

Mailing Address 4197 Mike Padgett Hwy.

City

Augusta

State

GA

Zip Code

30906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

F&amp;W Transportation

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : SA11AI.5011

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

2250.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

Mr. Robert Adam Willis

A.

Mailing Address 1134 Sumter Landing Circle

City

Evans

State

GA

Zip Code

30809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F&W TransportationOccupation  
Transportation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

Transaction ID : SA11AI.5009

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

38400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 40

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Collins for Congress**

Full Name (Last, First, Middle Initial) <b>AFLAC PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>23</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		23		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
10		23		2013								
Mailing Address <b>WORLDWIDE HEADQUARTERS</b> <b>1932 WYNNNTON ROAD</b>		<b>Transaction ID : SA11C.4763</b>										
City <b>COLUMBUS</b>	State <b>GA</b>											
Zip Code <b>31999</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00									
1000.00												
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td>C00034157</td> </tr> </table>		C	C00034157									
C	C00034157											
Name of Employer	Occupation											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00										
1000.00												

Full Name (Last, First, Middle Initial) <b>CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>20</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		20		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
12		20		2013								
Mailing Address <b>601 PENNSYLVANIA AVENUE, NW</b> <b>SOUTH BUILDING, SUITE 600</b>		<b>Transaction ID : SA11C.4984</b>										
City <b>WASHINGTON</b>	State <b>DC</b>											
Zip Code <b>20004</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00									
5000.00												
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td>C00007880</td> </tr> </table>		C	C00007880									
C	C00007880											
Name of Employer	Occupation											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00										
5000.00												

Full Name (Last, First, Middle Initial) <b>GEORGIA OILMEN'S ASSOCIATION INC PAC (GOAPAC)</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>30</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		30		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
12		30		2013								
Mailing Address <b>1775 SPECTRUM DR SUITE 100</b>		<b>Transaction ID : SA11C.5042</b>										
City <b>LAWRENCEVILLE</b>	State <b>GA</b>											
Zip Code <b>30043</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00									
500.00												
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td>C00319194</td> </tr> </table>		C	C00319194									
C	C00319194											
Name of Employer	Occupation											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00										
500.00												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 24 OF 40

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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 NAME OF COMMITTEE (In Full)  
**Collins for Congress**

 Full Name (Last, First, Middle Initial)  
**A. NATIONAL TANK TRUCK CARRIERS INC POLITICAL ACTION COMMITTEE**

Mailing Address 950 NORTH GLEBE RD STE 520

City	State	Zip Code
ARLINGTON	VA	22203

FEC ID number of contributing federal political committee.

C C00188011

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		20		2013

Transaction ID : SA11C.4988

Amount of Each Receipt this Period

2000.00

 Full Name (Last, First, Middle Initial)  
**B. NATSO INC. NATSO PAC**

Mailing Address 1737 KING ST., SUITE 200

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing federal political committee.

C C00097865

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		13		2013

Transaction ID : SA11C.4939

Amount of Each Receipt this Period

1000.00

 Full Name (Last, First, Middle Initial)  
**C. OLD DOMINION FREIGHT LINE INC POLITICAL ACTION COMMITTEE (OLD DOMINION PAC)**

Mailing Address 500 OLD DOMINION WAY

City	State	Zip Code
THOMASVILLE	NC	27360

FEC ID number of contributing federal political committee.

C C00496836

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		30		2013

Transaction ID : SA11C.4806

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

4000.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 40

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Collins for Congress**

Full Name (Last, First, Middle Initial)  
 TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

**A.** Mailing Address 430 FIRST STREET SE

City State Zip Code  
 WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00002881

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 23 2013

**Transaction ID : SA11C.4765**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B.** Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

12000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 40

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**Collins for Congress**

Full Name (Last, First, Middle Initial)

**Michael A. Collins Jr.**

Mailing Address 170 Pratt Smith Road

City

Jackson

State

GA

Zip Code

30233

FEC ID number of contributing  
federal political committee.

C H4GA10071

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

150000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : SA13A.5046

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

100000.00

TOTAL This Period (last page this line number only).....

100000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

**A. AirTran Airways**Mailing Address 5230 Clipper Dr. Ste. 200  
GC 4RC

City Atlanta State GA Zip Code 30349

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2013

Amount of Each Disbursement this Period

515.60
--------

Transaction ID : SB17.4885

**B. Chick-fil-A**

Mailing Address 5200 Buffington Road

City Atlanta State GA Zip Code 30349

Purpose of Disbursement  
Meeting Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2013

Amount of Each Disbursement this Period

12.18
-------

Transaction ID : SB17.4777

**c. Mr. Bret A. Dunn**

Mailing Address PO Box 415

City Mansfield State GA Zip Code 30055

Purpose of Disbursement  
Field Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		15		2013

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.4873

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

927.78

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

**A. Mr. Bret A. Dunn**

Mailing Address PO Box 415

City	State	Zip Code
Mansfield	GA	30055

Purpose of Disbursement  
Field Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 01 / 2013

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.4908

**B. Mr. Bret A. Dunn**

Mailing Address PO Box 415

City	State	Zip Code
Mansfield	GA	30055

Purpose of Disbursement  
Field Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 16 / 2013

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.4955

**c. McLaurin Graphics**

Mailing Address PO Box 874

City	State	Zip Code
Jackson	GA	30233

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 06 / 2013

Amount of Each Disbursement this Period

337.81
--------

Transaction ID : SB17.4833

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1137.81

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

**A. Mr. Alexander Morris**

Mailing Address 561 Battersea Dr.

City	State	Zip Code
Lawrenceville	GA	30044

Purpose of Disbursement  
Field Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2013

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.4701

**B. Mr. Alexander Morris**

Mailing Address 561 Battersea Dr.

City	State	Zip Code
Lawrenceville	GA	30044

Purpose of Disbursement  
Field Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2013

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.4775

**C. Mr. Alexander Morris**

Mailing Address 561 Battersea Dr.

City	State	Zip Code
Lawrenceville	GA	30044

Purpose of Disbursement  
Field Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2013

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.4827

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1200.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

**A. Mr. Alexander Morris**

Mailing Address 561 Battersea Dr.

City	State	Zip Code
Lawrenceville	GA	30044

Purpose of Disbursement  
No Itemization Necessary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 15 / 2013

Amount of Each Disbursement this Period

85.00
-------

Transaction ID : SB17.4863

**B. Mr. Alexander Morris**

Mailing Address 561 Battersea Dr.

City	State	Zip Code
Lawrenceville	GA	30044

Purpose of Disbursement  
Field Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 15 / 2013

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.4871

**C. Mr. Alexander Morris**

Mailing Address 561 Battersea Dr.

City	State	Zip Code
Lawrenceville	GA	30044

Purpose of Disbursement  
No Itemization Necessary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 25 / 2013

Amount of Each Disbursement this Period

140.00
--------

Transaction ID : SB17.4901

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

625.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

**A. Mr. Alexander Morris**

Mailing Address 561 Battersea Dr.

City	State	Zip Code
Lawrenceville	GA	30044

Purpose of Disbursement  
Field Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2013

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.4906

**B. Mr. Alexander Morris**

Mailing Address 561 Battersea Dr.

City	State	Zip Code
Lawrenceville	GA	30044

Purpose of Disbursement  
No Itemization Necessary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2013

Amount of Each Disbursement this Period

117.95
--------

Transaction ID : SB17.4917

**C. Mr. Alexander Morris**

Mailing Address 561 Battersea Dr.

City	State	Zip Code
Lawrenceville	GA	30044

Purpose of Disbursement  
Field Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2013

Amount of Each Disbursement this Period

400.00
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Transaction ID : SB17.4953

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

917.95





**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

**A. The Fuel Island**

Mailing Address PO Box 775

City	State	Zip Code
Jackson	GA	30233

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2013

Amount of Each Disbursement this Period

812.45
--------

Transaction ID : SB17.4831

**B. The Fuel Island**

Mailing Address PO Box 775

City	State	Zip Code
Jackson	GA	30233

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2013

Amount of Each Disbursement this Period

909.67
--------

Transaction ID : SB17.4925

**c. The Prosper Group**

Mailing Address 435 East Main St. Ste. 250

City	State	Zip Code
Greenwood	IN	46143

Purpose of Disbursement  
E-Marketing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2013

Amount of Each Disbursement this Period

1470.91
---------

Transaction ID : SB17.4756

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3193.03

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

**A. The Prosper Group**

Mailing Address 435 East Main St. Ste. 250

City	State	Zip Code
Greenwood	IN	46143

Purpose of Disbursement  
E-Marketing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 15 / 2013

Amount of Each Disbursement this Period

1508.76
---------

Transaction ID : SB17.4773

**B. The Prosper Group**

Mailing Address 435 East Main St. Ste. 250

City	State	Zip Code
Greenwood	IN	46143

Purpose of Disbursement  
E-Marketing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 20 / 2013

Amount of Each Disbursement this Period

90.00
-------

Transaction ID : SB17.4878

**c. Transxt**Mailing Address 190 Monroe Ave. NW  
Ste. 500

City	State	Zip Code
Grand Rapids	MI	49503

Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 23 / 2013

Amount of Each Disbursement this Period

2.24
------

Transaction ID : SB17.4796

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1601.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

**A. Transact**Mailing Address 190 Monroe Ave. NW  
Ste. 500City State Zip Code  
Grand Rapids MI 49503Purpose of Disbursement  
CC Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2013

Amount of Each Disbursement this Period

112.50
--------

Transaction ID : SB17.4971

**B. Transact**Mailing Address 190 Monroe Ave. NW  
Ste. 500City State Zip Code  
Grand Rapids MI 49503Purpose of Disbursement  
CC Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2013

Amount of Each Disbursement this Period

194.58
--------

Transaction ID : SB17.5035

**c. Wiregrass Strategy Group**Mailing Address 3539 Apalachee Pkwy  
3-186City State Zip Code  
Tallahassee FL 32311Purpose of Disbursement  
Campaign Strategy Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2013

Amount of Each Disbursement this Period

4500.00
---------

Transaction ID : SB17.4820

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4807.08

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Collins for Congress

Full Name (Last, First, Middle Initial)

**A. Wiregrass Strategy Group**Mailing Address 3539 Apalachee Pkwy  
3-186City State Zip Code  
Tallahassee FL 32311Purpose of Disbursement  
Campaign Strategy Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2013

Amount of Each Disbursement this Period

2533.28
---------

Transaction ID : SB17.4822

**B. Wiregrass Strategy Group**Mailing Address 3539 Apalachee Pkwy  
3-186City State Zip Code  
Tallahassee FL 32311Purpose of Disbursement  
Campaign Strategy Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2013

Amount of Each Disbursement this Period

4500.00
---------

Transaction ID : SB17.4876

**c. Wiregrass Strategy Group**Mailing Address 3539 Apalachee Pkwy  
3-186City State Zip Code  
Tallahassee FL 32311Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2013

Amount of Each Disbursement this Period

4500.00
---------

Transaction ID : SB17.4923

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11533.28

33925.34

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 38 OF 40

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4119

Collins for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Michael A. Collins Jr.

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

170 Pratt Smith Road

City

State

ZIP Code

Jackson

GA

30233

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 22 / 2013

Date Due

M M / D D / Y Y Y Y  
12/31/2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

25000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 39 OF 40

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4309

Collins for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Michael A. Collins Jr.

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

170 Pratt Smith Road

City

State

ZIP Code

Jackson

GA

30233

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 27 / 2013

Date Due

M M / D D / Y Y Y Y  
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

25000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 40 OF 40

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5046

Collins for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Michael A. Collins Jr.

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

170 Pratt Smith Road

City

State

ZIP Code

Jackson

GA

30233

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 31 / 2013

Date Due

M M / D D / Y Y Y Y  
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

**TOTALS** This Period (last page in this line only)..... ►

150000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.